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CONFIRMATION NO. 6180

SERIAL NUMBER 10/562,943	FILING OR 371(c) DATE 12/29/2005 RULE	CLASS 351	GROUP ART UNIT 2873	ATTORNEY DOCKET NO. 1371-2 PCT/US
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *SJ*

This application is a 371 of PCT/IB04/02182 06/29/2004 which claims benefit of 60/484,059 06/30/2003

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *NAME SJ*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*    \*\* SMALL ENTITY \*\*  
 04/19/2006

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY AUSTRIA	SHEETS DRAWING 17	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>yes</i>				
Verified and Acknowledged	Examiner's Signature <i>yes</i>	Initials			

## ADDRESS

23869

## TITLE

Intra-ocular lens or contact lens exhibiting large depth of focus

FILING FEE RECEIVED 575	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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